

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>		10/02/00
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	51367	10/12/00
FORMALITY REVIEW	<i>[Signature]</i>	51367	11/14/00
RESPONSE FORMALITY REVIEW	<i>[Signature]</i>	51367	1/25/01

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)..... Canceled A Appeal
 + Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	10/12/00
2	✓	✓	10/12/00
3	✓	✓	10/12/00
4	✓	✓	10/12/00
5	✓	✓	10/12/00
6	✓	✓	10/12/00
7	✓	✓	10/12/00
8	✓	✓	10/12/00
9	✓	✓	10/12/00
10	✓	✓	10/12/00
11	✓	✓	10/12/00
12	✓	✓	10/12/00
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14	✓	✓	10/12/00
15	✓	✓	10/12/00
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
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